

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		MAY -5 PM 3:35 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L9600000586			
1 Name and Mailing Address of Limited Liability Company NURSE CONSULTANTS FOR INFORMED HEALTHCARE, L.C. 36 INTERLAKEN ROAD ORLANDO FL		1a. Principal Place of Business Address 36 INTERLAKEN ROAD ORLANDO FL			
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 05/23/1996 3a. State of Formation FL 4. FEI Number 59-3386172 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/09/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent SPEARS, DOUGLAS C ADAMS & SPEARS, P.A. 940 HIGHLAND AVE ORLANDO FL 32803			8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt #, etc _____ City _____ Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (If Not Registered Agent Separate Receipt and Appointment)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SPEARS, JUDY A	36 INTERLAKEN ROAD		ORLANDO FL	
MGRM	BETHEL, SUZANNE M	36 INTERLAKEN ROAD		ORLANDO FL	
MGRM	KILLGORE, GINA	36 INTERLAKEN ROAD		ORLANDO FL	
MGRM	SMITH, EMMA W	36 INTERLAKEN ROAD		ORLANDO FL	
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11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Judy Spears Judy A Spears 4/22/99 (407) 425-4910